

# MY DIABETES ACTION PLAN

I \_\_\_\_\_ Last 4 \_\_\_\_\_ have agreed  
with my health care provider that to improve my health I will:

1. Choose ONE of the activities below:



\_\_\_\_\_ Take my medications

\_\_\_\_\_ Work on something that's  
bothering me:



\_\_\_\_\_ Stay more physically active!

\_\_\_\_\_ Attend diabetes class



\_\_\_\_\_ Cut down on smoking



\_\_\_\_\_ Improve my food choices

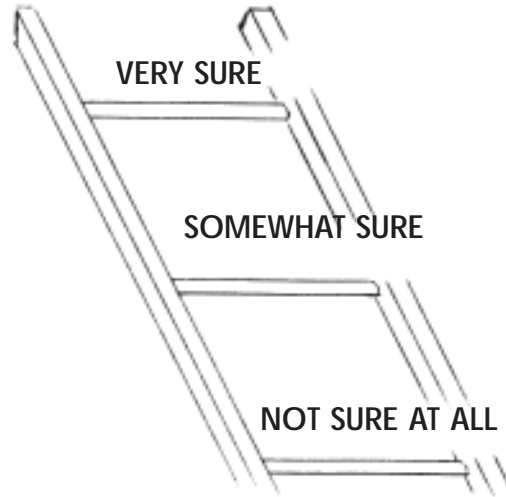
\_\_\_\_\_ Reduce my stress



\_\_\_\_\_ Check my blood sugar

2. Choose your confidence level:

This is how sure I am that I will be able to do  
my action plan:



3. Complete below for the chosen activity:

What: \_\_\_\_\_

\_\_\_\_\_

How Much: \_\_\_\_\_

\_\_\_\_\_

When: \_\_\_\_\_

\_\_\_\_\_

How Often: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

